



Bib Data Sheet


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|---|---|-------------------------------|---|---|--------------------------------|
| SERIAL NUMBER 09/475,548 | FILING DATE 12/30/1999 RULE _ | CLASS 604 | GROUP ART UNIT 3735 | ATTORNEY DOCKET NO. M-7891-US | |
| APPLICANTS JEFFREY STEWARD, TEMECULA, CA ; BRANDON GOSIENGFAO, SAN JOSE, CA ; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** 02/10/2000 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____ | | STATE OR COUNTRY CA | SHEETS DRAWING 8 | TOTAL CLAIMS 20 | INDEPENDENT CLAIMS 5 |
| ADDRESS KEN J KOESTNER SKJERVEN MORRILL MACPHERSON FRANKLIN & FRIEL LLP 25 METRO DRIVE SUITE 700 SAN JOSE, CA 951101349 <div style="position: absolute; left: 400px; top: 50px;">Customer No. 24251</div> | | | | | |
| TITLE MEDICAL ASSEMBLY WITH TRANSDUCER FOR LOCAL DELIVERY OF A THERAPEUTIC SUBSTANCE AND METHOD OF USING SAME | | | | | |
| FILING FEE RECEIVED 976 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |



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CONFIRMATION NO. 6479

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|------------------------------------|---|---------------------|---------------------------------|---|
| SERIAL NUMBER 09/475,548 | FILING DATE 12/30/1999 RULE | CLASS 604 | GROUP ART UNIT 3763 ✓ | ATTORNEY DOCKET NO. M-7891-US |
|------------------------------------|---|---------------------|---------------------------------|---|

APPLICANTS

JEFFREY STEWARD, TEMECULA, CA;
BRANDON GOSIENGFAO, SAN JOSE, CA;

** CONTINUING DATA *****

none

** FOREIGN APPLICATIONS *****

none

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 02/10/2000

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| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged Examiner's Signature _____ Initials _____ | | | | |

ADDRESS

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TITLE

MEDICAL ASSEMBLY WITH TRANSDUCER FOR LOCAL DELIVERY OF A THERAPEUTIC SUBSTANCE
AND METHOD OF USING SAME

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